#### Document Page 1 of 65

Fill in this information to identify your case:					
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA					
Case number (if known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13				

#### Official Form 101

Part 1:

**Identify Yourself** 

#### Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Amanda government-issued picture First Name First Name identification (for example, **Patrice** your driver's license or Middle Name Middle Name passport). Baldwin Last Name Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of xxx - xx - 0 7 6 4your Social Security number or federal OR OR **Individual Taxpayer** Identification number 9xx - xx -9xx - xx -(ITIN) Any business names ✓ I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name

Include trade names and doing business as names

Business name

Business name

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Del	btor 1	Amanda Patrice E	Baldwin	Case number (if known)		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
			EIN	EIN — – — — — — — —		
			EIN	EIN		
5.	Where	you live	EIIN	If Debtor 2 lives at a different address:		
			1524 South James Madison HWY			
			Number Street	Number Street		
				- <u></u>		
			Farmville VA 23901			
			City State ZIP Code	City State ZIP Code		
			Buckingham County	County		
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
			PO Pay 464			
			PO Box 164 Number Street	Number Street		
			P.O. Box	P.O. Box		
			Farmville VA 23901	F.O. B0X		
			City State ZIP Code	City State ZIP Code		
6.		ou are choosing	Check one:	Check one:		
	bankru		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		
P	art 2:	Tell the Court	About Your Bankruptcy Case			
7.	Bankru	apter of the iptcy Code you	Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top o	lotice Required by 11 U.S.C. § 342(b) for Individuals Filing of page 1 and check the appropriate box.		
	are cho	oosing to file	Chapter 7			
			☐ Chapter 11			
			☐ Chapter 12			
			Chapter 13			
			LI Onapter 13			

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Deb	tor 1 Amanda Patrice B	Baldwin		Case number (if kno	own)			
8.	How you will pay the fee	co pa	ourt for more details about hay with cash, cashier's chec	on I file my petition. Please check whow you may pay. Typically, if you and k, or money order. If your attorney is y with a credit card or check with a p	re paying the fee yourself, you may s submitting your payment on your			
			I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).					
		B th fe	I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.					
b	Have you filed for	<b>☑</b> N	)					
	bankruptcy within the last 8 years?	□ Y	es.					
		Distric		When	Case number			
		Diotrio						
		Distric		When	Case number			
		District		When	Case number			
40	Are our books week	<b>-</b> N	_	MM / DD / Y	YYY			
10.	Are any bankruptcy cases pending or being	☑ N	J					
	filed by a spouse who is not filing this case with		es.					
	you, or by a business	Debtor		Rela	tionship to you			
	partner, or by an affiliate?	District		When	Case number,  YYYY if known			
	armate.			MIM / DD / Y	TYYY II KNOWN			
		Debtor		Rela	tionship to you			
		Distric		When	Case number,			
				MM / DD / Y	YYY if known			
11.	Do you rent your residence?	☑ Y		nined an eviction judgment against y	ou?			
				2. al Statement About an Eviction Judg of this bankruptcy petition.	ment Against You (Form 101A)			

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Deb	tor 1 Amanda Patrice Ba	ldwir	1			_ Case numb	er (if known) _		
P	art 3: Report About An	ıy Bı	usine	sses You Own as	a Sole P	roprietor			
12.	Are you a sole proprietor of any full- or part-time business?	<b>☑</b>		Go to Part 4. Name and location of b	usiness				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any  Number Street					
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			Single Asset Rea  Stockbroker (as of	ness (as d al Estate (a defined in 1 er (as defir	scribe your busine defined in 11 U.S.0 as defined in 11 U. 11 U.S.C. § 101(5 ned in 11 U.S.C. §	C. § 101(27A)) .S.C. § 101(51E 3A))	ZIP Co	de
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)? For a definition of small business debtor, see	cho are mo:	osing a sma st rece	filing under Chapter 11, to proceed under Subch II business debtor or you not balance sheet, staten f these documents do not I am not filing under C I am filing under Chap	apter V so u are choos nent of ope ot exist, fol hapter 11.	o that it can set apposing to proceed un erations, cash-flow llow the procedure	propriate deadli nder Subchapte v statement, and e in 11 U.S.C. §	ines. If you er V, you mu d federal in 1116(1)(B)	u indicate that you ust attach your come tax return ).
	11 U.S.C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code, and				-	
			Yes.	I am filing under Chap Bankruptcy Code, and			-	-	, ,
P	Report If You Ov	vn o	r Hav	e Any Hazardous I	Property 2	or Any Prope	erty That Ne	eds Imm	ediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable		No Yes.	What is the hazard?					
	hazard to public health or safety? Or do you own any property that needs immediate attention?			If immediate attention	is needed,	, why is it needed?	?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property	Number	Street			
					Citv			State	ZIP Code

Debtor 1 Amanda Patrice Baldwin Case number (if known)

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

∏ I received a briefing from an approved credit

About Debtor 1:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required	to receive	a briefing	about
credit counseling			

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required	to recei	ve a	briefing	abou
credit counseling				

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	Amanda Patrice Bai	awın			Case number (if I	know	n)
P	art 6: Answer These Q	uesti	ions for Reporting Pu	rpos	es		
16.	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  ✓ Yes. Go to line 17.					
		16b.	debts that you incurred to obtain e business or investment.				
		16c.	State the type of debts you	u owe	e that are not consumer or bus	siness	s debts.
17.	Are you filing under Chapter 7?	No. I am not filing under Chapter 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	$\overline{\mathbf{Z}}$	•	•	•	-	xempt property is excluded and to distribute to unsecured creditors?
18.	How many creditors do you estimate that you owe?		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1	Amanda Patrice B	aldwin	Case	number (if known)			
Part 7:	Sign Below						
For you	_	I have examined this petition, and I d and correct.	eclare under penal	ty of perjury that the information provided is true			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		<u> </u>	an result in fines up	nerty, or obtaining money or property by fraud in to \$250,000, or imprisonment for up to 20 years,			
		X /s/ Amanda Patrice Baldwin Amanda Patrice Baldwin, Debtor	1	X Signature of Debtor 2			
		Executed on <u>05/27/2020</u> MM / DD / YYYY		Executed on MM / DD / YYYY			

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Debtor 1 Amanda Patrice E	Baldwin	Case number (if know	n)				
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.						
	X /s/ Heidi Shafer for Cox Law Group, P Signature of Attorney for Debtor	LLC Date	05/27/2020 MM / DD / YYYY				
	Heidi Shafer for Cox Law Group, PLL0	C					
	Printed name						
	Cox Law Group, PLLC						
	Firm Name						
	900 Lakeside Drive						
	Number Street						
	Lynchburg	VA	24501-3602				
	City	State	ZIP Code				
	Contact phone (434) 845-2600	Email address heidi@	©coxlawgroup.com				
	48765						
	Bar number	State	_				

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	ormation to i	identify your cas	se and this filing:		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court fo	or the: WESTERN D	DISTRICT OF VIRGINIA		
Case number				☐ Chack	if this is an
(if known)				_	ded filing
Official Form	106A/B				
Schedule A/I		:y			12/15
sheet to this form.  Part 1: Des	On the top of	any additional page	lying correct information. If more s, write your name and case numb ding, Land, or Other Real Es	tate You Own or Have	ery question.
✓ No. Go to  Yes. Whe	Part 2. ere is the proper	rty?			
	-	•	all of your entries from Part 1, inclu Write that number here		\$0.00
Part 2: Des	cribe Your \	/ehicles			
you own that someo	ne else drives.	•	t in any vehicles, whether they are e, also report it on Schedule G: Execus, motorcycles	-	•
3.1.		Who ha	s an interest in the property?	Do not deduct secured clai	ims or exemptions. Put the
Make:	Toyota	Check o		amount of any secured cla Creditors Who Have Claim	
Model:	Corolla		otor 1 only otor 2 only	Current value of the	Current value of the
Year:	2019 a: 12 537		otor 1 and Debtor 2 only	entire property?	portion you own?
Approximate mileag Other information:	E. 12,331	At I	east one of the debtors and another	\$13,789.00	\$13,789.00
2019 Toyota Core	olla (approx.		eck if this is community property e instructions)		

Official Form 106A/B Schedule A/B: Property page 1

KBB Private Party Value \$13789.00

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Deb	otor 1	Amanda Pat	trice Baldwin Case number (if known)	
4.		les: Boats, trail	notor homes, ATVs and other recreational vehicles, other vehicles, and accessories ers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
5.	Add the	e dollar value	of the portion you own for all of your entries from Part 2, including any I have attached for Part 2. Write that number here	\$13,789.00
P	art 3:	•	Your Personal and Household Items	
			egal or equitable interest in any of the following items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
6.		h <b>old goods an</b> les: Major appl	d furnishings iances, furniture, linens, china, kitchenware	
		s. Describe	2 Couches, 2 Bed, Love seat, 2 dining chairs, 8 dining chairs, TV stand, 4 Lamps, 2 Coffee tables.	\$100.00
7.	Electro Exampl	les: Televisions	s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; ections; electronic devices including cell phones, cameras, media players, games	
	□ No ✓ Yes	s. Describe	laptop, tablet, 2 tvs	\$300.00
8.			nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; n, or baseball card collections; other collections, memorabilia, collectibles	_
	✓ No ☐ Yes	s. Describe		]
9.	Exampl		s and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; d kayaks; carpentry tools; musical instruments	
	✓ No ☐ Yes	s. Describe		]
10.	•		es, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes	s. Describe		
11.			clothes, furs, leather coats, designer wear, shoes, accessories	
	☐ No ✓ Yes	s. Describe	Women's Clothing	\$500.00
12.		•	ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems	,
	□ No ✓ Yes	s. Describe	Necklaces, bracelets, watch, ring, earrings.	\$300.00

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Deb	otor 1 Amanda Patrice Baldw	<u>in</u>	Case number (if known)	
13.	Non-farm animals  Examples: Dogs, cats, birds, horse	s		
	□ No			
	Yes. Describe 1 Bird.		-	\$20.00
14.	Any other personal and househol did not list	d items you did not already list, including	any health aids you	
	<b>☑</b> No			
	Yes. Give specific			
	information		-	
15.		entries from Part 3, including any entries		\$1,220.00
			<u> </u>	
P	art 4: Describe Your Fina	ncial Assets		
Do	you own or have any legal or equit	able interest in any of the following?	<b>p</b> C	Current value of the portion you own? On not deduct secured claims or exemptions.
16.		wallet, in your home, in a safe deposit box, a	and on hand when you file your	
	petition			
	□ No □ Yes		Cash:	\$14.00
	<b>V</b> 100		_	ψ14.00
17.		ther financial accounts; certificates of deposi other similar institutions. If you have multiple		
	□ No			
	<b>▼</b> Yes	Institution name:		
	17.1. Checking account:	Netspend Checking account		\$100.00
	17.2. Savings account:	First Bank Savings account Note: Joint with Daughter		\$1.00
18.	Bonds, mutual funds, or publicly Examples: Bond funds, investment	traded stocks accounts with brokerage firms, money marke	et accounts	
	✓ No ☐ YesInstituti	on or issuer name:		
19.	Non-publicly traded stock and int an interest in an LLC, partnership	erests in incorporated and unincorporated	d businesses, including	
	No No	,		
	Yes. Give specific information about			
		of entity:	% of ownership:	

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Deb	otor 1 Amanda Patrice	Baldwin		Case number (if known	)	
20.	Negotiable instruments incl	lude personal check	r negotiable and non-negotiable ks, cashiers' checks, promissory n not transfer to someone by signin	otes, and money orders.		
	✓ No  Yes. Give specific information about them	Issuer name:				
21.	Retirement or pension acc Examples: Interests in IRA profit-sharing pl	, ERISA, Keogh, 40	01(k), 403(b), thrift savings accour	nts, or other pension or		
	✓ No  Yes. List each account separately.	Type of account:	Institution name:			
22.		eposits you have ma	ade so that you may continue send rent, public utilities (electric, gas			
	<b>☑</b> No					
23.	Yes  Annuities (A contract for a	a specific periodic p	Institution name or individual: payment of money to you, either fo	or life or for a number of yea	ars)	
	✓ No  ☐ Yes	Issuer name and	description:			
24.	<b>—</b>	IRA, in an account	t in a qualified ABLE program, o	r under a qualified state t	uition pro	ogram.
	<b>☑</b> No	.,,	•			
25	_		nd description. Separately file the erty (other than anything listed i	•	11 U.S.C.	. § 521(c)
_0.	powers exercisable for yo		orty (other than anything hoted i	iii iiic 1), and 11ghts of		
	✓ No  Yes. Give specific					1
	information about them	1				
26.			ets, and other intellectual prope proceeds from royalties and licens	•		
	✓ No					1
	Yes. Give specific information about them	1				
27.	Licenses, franchises, and Examples: Building permits	_	angibles s, cooperative association holding	gs, liquor licenses, professi	onal licer	nses
	<b>☑</b> No					1
	Yes. Give specific information about them	1				
Mor	ney or property owed to yo	u?				Current value of the
						portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you					
	<b>☑</b> No				1	
	Yes. Give specific info about them, including w				Federa	l:
	you already filed the ret	turns			State:	
	and the tax years				Local	

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Deb	tor 1	Amanda Patrice Baldwi	Case number (if known)	
29.	Exa	·	imony, spousal support, child support, maintenance, divorce settlement, prope	erty settlement
		No Yes. Give specific information	Alimony:	
	Ц	Tee. Give specific information	Maintenance:	
			Support:	
			Divorce settleme	ent:
			Property settlem	
30.	Exa		u insurance payments, disability benefits, sick pay, vacation pay, workers' ecurity benefits; unpaid loans you made to someone else	
		Yes. Give specific information		
31.	Exa	No Yes. Name the insurance company of each policy	insurance; health savings account (HSA); credit, homeowner's, or renter's insu	urance Surrender or refund value:
32.	If yo	ou are the beneficiary of a living t tled to receive property because	e you from someone who has died trust, expect proceeds from a life insurance policy, or are currently someone has died	
		No Yes. Give specific information		]
33.	Exa	mples: Accidents, employment	her or not you have filed a lawsuit or made a demand for payment disputes, insurance claims, or rights to sue	
		No Yes. Describe each claim		7
34.		er contingent and unliquidated ats to set off claims	I claims of every nature, including counterclaims of the debtor and	_
		No Yes. Describe each claim		$\neg$
	Ц	res. Describe each daim		
35.	Any	financial assets you did not a	Iready list	
	_	No Yes. Give specific information	Potential funds due to debtor, unknown at this time, including State and Federal Tax refunds, (4/12 interest in 2020 tax return approx \$671=\$223)potential federal stimulus checks,possible garnishment funds, insurance proceeds, proceeds related to claims or causes of action that may be asserted by the debtor, any claim for earned but unpaid wages, and/or inheritance.	\$224.00
36.			entries from Part 4, including any entries for pages you have nber here	\$339.00
Pa	art 5	Describe Any Busines	ss-Related Property You Own or Have an Interest In. List an	y real estate in Part 1
37.	Do	you own or have any legal or e	equitable interest in any business-related property?	
		No. Go to Part 6. Yes. Go to line 38.		

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Deb	tor 1 A	manda Patrice Baldwin	Case number (if known)	
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts	receivable or commissions you already earned		
	☑ No □ Yes.	Describe		
39.	Examples -	uipment, furnishings, and supplies  E Business-related computers, software, modems, printers, copiers, fax madesks, chairs, electronic devices	achines, rugs, telephones,	ı
	✓ No ☐ Yes.	Describe		
40.	Machiner	ry, fixtures, equipment, supplies you use in business, and tools of you	r trade	•
	✓ No ☐ Yes.	Describe		
41.	Inventory			•
	✓ No ☐ Yes.	Describe		
42.	Interests	in partnerships or joint ventures		•
	✓ No ☐ Yes.	Describe Name of entity:	% of ownership:	
43.	Custome	r lists, mailing lists, or other compilations		
	✓ No ☐ Yes.	Do your lists include personally identifiable information (as defined in	11 U.S.C. § 101(41A))?	ı
		Yes. Describe		
44.	Any busir	ness-related property you did not already list		
	✓ No ☐ Yes.	Give specific information.		
45.		dollar value of all of your entries from Part 5, including any entries for for Part 5. Write that number here		\$0.00
Pa		escribe Any Farm- and Commercial Fishing-Related Prop you own or have an interest in farmland, list it in Part 1.	erty You Own or Have a	n Interest In.
46.	Do you o	wn or have any legal or equitable interest in any farm- or commercial	fishing-related property?	
	_	Go to Part 7. Go to line 47.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	•	mals :: Livestock, poultry, farm-raised fish		
	✓ No ☐ Yes			

Official Form 106A/B Schedule A/B: Property page 6

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Debt	or 1 Amanda Patrice Baldwin	Case nu	mber (if known)	
48.	Cropseither growing or harvested			
	✓ No  Yes. Give specific information			]
49.	Farm and fishing equipment, implements, machinery, fixtures	, and tools of trade		
	✓ No Yes			]
50.	Farm and fishing supplies, chemicals, and feed			_
	✓ No Yes			
51.	Any farm- and commercial fishing-related property you did no	t already list		_
	✓ No  Yes. Give specific information			]
52.	Add the dollar value of all of your entries from Part 6, includin attached for Part 6. Write that number here	g any entries for pages y	ou have	\$0.00
Pa	rt 7: Describe All Property You Own or Have an Ir	nterest in That You D	oid Not List Above	
53.	Do you have other property of any kind you did not already lise  Examples: Season tickets, country club membership  No  Yes. Give specific information.	st?		
54.	Add the dollar value of all of your entries from Part 7. Write th	nat number here	<b>→</b>	\$0.00
Pa	Int 8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2		<b></b> →	\$0.00
56.	Part 2: Total vehicles, line 5	\$13,789.00		
57.	Part 3: Total personal and household items, line 15	\$1,220.00		
58.	Part 4: Total financial assets, line 36	\$339.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$15,348.00	Copy personal property total	+ \$15,348.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$15,348.00

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	formation to id	dentify your o	case:			
Debtor 1	Amanda First Name	Patrice Middle Name	Baldwin Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	e Last Name			
			N DISTRICT OF V		NIA	☐ Check if this is an
Case number (if known)						amended filing
Official Form	106C					
Schedule C	: The Prope	rty You Cl	aim as Exem	pt		04/1
For each item of particles to state a speci exempted up to the eceive certain be exemption of 100 property is determined.	ific dollar amount the amount of any enefits, and tax-ex % of fair market we mined to exceed to	m as exempt, yo t as exempt. Alt applicable stat xempt retiremer value under a la that amount, yo	ternatively, you ma utory limit. Some e nt fundsmay be ur w that limits the ex	y clair exemp nlimite emptic	n the full fair market tionssuch as those d in dollar amount. I	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an lar amount and the value of the le statutory amount.
		•				W
Mhiah aat af						
✓ You are	exemptions are y claiming state and claiming federal e	l federal nonban	kruptcy exemptions.		if your spouse is filing S.C. § 522(b)(3)	with you.
You are You are	claiming state and	I federal nonban xemptions. 11 L	kruptcy exemptions. J.S.C. § 522(b)(2)	11 U.	, ,	ŕ
You are You are For any prop	claiming state and	I federal nonbani xemptions. 11 L Schedule A/B th nd line on	kruptcy exemptions. J.S.C. § 522(b)(2)	11 U. empt, f	S.C. § 522(b)(3)	ŕ
You are You are For any prop	claiming state and claiming federal e perty you list on S	I federal nonbani xemptions. 11 L Schedule A/B th nd line on	kruptcy exemptions.  J.S.C. § 522(b)(2)  at you claim as exe  Current value of the portion you	11 U.  empt, f  Ame	S.C. § 522(b)(3)  ill in the information ount of the mption you claim	below.
You are You are You are For any prop Brief description Schedule A/B that	claiming state and claiming federal e perty you list on S	I federal nonbani xemptions. 11 L Schedule A/B th nd line on tty	kruptcy exemptions.  J.S.C. § 522(b)(2)  at you claim as exe  Current value of the portion you own  Copy the value from	11 U.  empt, f  Ame	S.C. § 522(b)(3)  ill in the information ount of the mption you claim  eck only one box for the exemption  \$1.00  100% of fair market	below.
You are You ar	claiming state and claiming federal e perty you list on S of the property at lists this proper prolla (approx. 1 rty Value \$1378 claimed for this	I federal nonbani xemptions. 11 U Schedule A/B th and line on tty  2,537 miles)	kruptcy exemptions. J.S.C. § 522(b)(2)  at you claim as exe  Current value of the portion you own  Copy the value from Schedule A/B	11 U.  empt, f  Ame exe	S.C. § 522(b)(3)  ill in the information ount of the mption you claim  eck only one box for the exemption  \$1.00	below. Specific laws that allow exemption
You are You ar	claiming state and claiming federal e perty you list on S of the property at lists this proper prolla (approx. 1 rty Value \$1378 claimed for this	I federal nonbani xemptions. 11 U Schedule A/B th and line on tty  2,537 miles) 9.00 5 asset)	kruptcy exemptions. J.S.C. § 522(b)(2)  at you claim as exe  Current value of the portion you own  Copy the value from Schedule A/B	11 U.  empt, f  Ame exe	S.C. § 522(b)(3)  ill in the information ount of the mption you claim  eck only one box for the exemption  \$1.00  100% of fair market value, up to any applicable statutory	below. Specific laws that allow exemption

Official Form 106C

□ No □ Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Debioi i	Amanua Fatrice Daluwin			Case number	(If Known)
Part 2:	Additional Page				
-	ption of the property and line on /B that lists this property	Current value of the portion you exemption you claim own			Specific laws that allow exemption
		Copy the value from Schedule A/B		eck only one box for h exemption	
chairs, 8 di 2 Coffee ta	, 2 Bed, Love seat, 2 dining ining chairs, TV stand, 4 Lamps,	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Brief descript <b>laptop, tabl</b> Line from <i>Sc</i>		\$300.00		\$300.00 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Brief descript Women's C		\$500.00		\$500.00 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4)
earrings.	tion: , bracelets, watch, ring, hedule A/B:12	\$300.00		\$300.00 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Brief descript 1 Bird. Line from <i>Sc</i> .	tion: hedule A/B:13	\$20.00		\$20.00 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(5)
Brief descript <b>Cash</b> Line from <i>Sc</i>	tion: hedule A/B: <b>16</b>	\$14.00		\$14.00 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
-	tion: Checking account hedule A/B:17.1	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Note: Joint	tion: Savings account t with Daughter hedule A/B:	\$1.00		\$1.00 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4

# Document Page 18 of 65

Amanda Patrice Baldwin		Case number	(if known)
Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:  Potential funds due to debtor, unknown at this time, including State and Federal Tax refunds, (4/12 interest in 2020 tax return approx \$671=\$223)potential federal stimulus checks,possible garnishment funds, insurance proceeds, proceeds related to claims or causes of action that may be asserted by the debtor, any claim for earned but unpaid wages, and/or inheritance.	\$224.00	\$224.00  100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4

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creditor has a particular claim, list the other creditors in Part 2. As  Amount of claim  Value of collateral  Unsecu	Fill in this inf	ormation to id	entify your case	:			
Debtor 2 (Spouse, if filing) First Name	Debtor 1						
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA  Case number (if known)  Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Ves. Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the order creditors in Part 2. As mount of claim Do not deduct the creditor's name.  2.1 Describe the property that secures the claim:  2.1 Stankruptcy  Windows Street PO Box 380901  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check al		First Name	Middle Name	Last Name			
Case number (if known)    Check if this is an amended filling		First Name	Middle Name	Last Name			
Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entiries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor is part 2. As much as possible, list the claims in alphabetical order according to the creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditors in Part 2. As much as possible, list the claim is supports this claim.  2.1 Describe the property that secures the claim:  2.1 Describe the property that secures the claim:  2.1 Unliquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Nature of lien. Check all that apply.  At least one of the debtors and another  Check if this claim relates to a community debt  Other (including a right to offset)  Automobile	United States Ba	nkruptcy Court for t	the: WESTERN DIS	STRICT OF VIRGINIA	<u>4</u>		
Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  Describe the property that secures the claim:  2.1 Describe the property that secures the claim:  Describe the property that secures the claim:  2.1 Describe the property that secures the claim:  2.1 Describe the property that secures the claim:  2.2 Describe the property that secures the claim:  2.3 Describe the property that secures the claim:  2.4 Describe the property that secures the claim:  2.5 Describe the property that secures the claim:  2.6 Unim A Amount of claim Value of collateral to not deduct the value of collateral that supports this value of collateral that supports this value of collateral that supports this value of collateral that secures the claim:  2.1 Describe the property that secures the claim is: Check all that apply.  Contingent  Unificultated  Disputed  Who owes the debt? Check one.  Describe the property that secures the claim is: Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right						☐ Check if this is	s an
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form.  On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one creditor has a particular claim, list the creditor separately for each claim. If more than one creditor's name and possible, list the claims in alphabetical order according to the creditor's name.  2. List all secured claims. If a creditor has more than one secured claim, list the creditor's name.  Describe the property that secures the claim:  2. Describe the property that secures the claim:  3. 3,959.00 \$13,789.00  \$13,789.00  \$13,789.00  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Nature of lien. Check all that apply.  A a greement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Debtor 1 and Debtor 2 only  Statutory lien (such as tax lien, mechanic's lien)  Describe the property that apply.  Column B  Value of collateral  Value	(II KIIOWII)					amended filin	g
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  Describe the property that secures the claim:  2.1 Describe the property that secures the claim:  Sp.959.00 \$13,789.00 \$13,789.00  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  Disputed  Who owes the debt? Check one.  Debtor 1 and Debtor 2 only Check one of the debtors and another Attest and Debtor 2 anly Debtor 1 and Debtor 2 only Attest one of the debtors and another Check if this claim relates to a community debt  Debtor 1 and Debtor 2 only Attended the property of the claim is a particular from a lawsuit Check if this claim relates to a community debt							
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2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  Describe the property that secures the claim:  Describe the property that secures the claim:  2.1	correct information On the top of any	on. If more space additional pages, tors have claims s	is needed, copy the write your name an secured by your pro	Additional Page, fill it d case number (if kno perty?	out, number the entr wn).	ies, and attach it to thi	s form.
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  Describe the property that secures the claim:  2.1	Yes. Fill	in all of the information	ation below.				
claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  2.1  Describe the property that secures the claim:  2019 Toyota Corolla  As of the date you file, the claim is: Check all that apply.  Column A Amount of claim Do not deduct the value of collateral that supports this claim  \$9,959.00  \$13,789	Part 1: Lis	t All Secured (	Claims				
secures the claim:  Ally Financial Creditor's name Attn: Bankruptcy Number Street PO Box 380901  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Automobile	claim, list the creditor has a much as poss	creditor separately particular claim, lissible, list the claims	for each claim. If me at the other creditors	ore than one in Part 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Column C Unsecured portion If any
Attn: Bankruptcy Number Street PO Box 380901  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Automobile	2.1				\$9,959.00	\$13,789.00	
Attn: Bankruptcy   Number   Street   PO Box 380901			2019 Toyot	a Corolla			
As of the date you file, the claim is: Check all that apply.    Contingent	Attn: Bankruptc	y					
Bloomington MN 55438 City State ZIP Code □ Disputed  Who owes the debt? Check one.  ☑ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt  ☐ Contingent □ Unliquidated □ Disputed  Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit ☑ Other (including a right to offset)  Automobile							
Bloomington MN 55438 City State ZIP Code Disputed  Who owes the debt? Check one.  Who pebtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Unliquidated Disputed  Nature of lien. Check all that apply.  Nature of lien. Check all that apply.  Statutory lien (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)  Automobile				•	: Check all that apply.		
City State ZIP Code Disputed  Who owes the debt? Check one.  Debtor 1 only Statuture of lien. Check all that apply.  Debtor 2 only Statutory lien (such as tax lien, mechanic's lien)  Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)  Automobile	Bloomington	MN 55438	Ŭ Ÿ				
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Nature of field. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Automobile	•		Disputed				
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□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Debtor 1 and Debtor 2 only □ Judgment lien from a lawsuit □ Other (including a right to offset) Automobile	٠ ـ		_			d car loan)	
☐ At least one of the debtors and another ☐ Other (including a right to offset) ☐ Check if this claim relates to a community debt ☐ Automobile	ш	•	☐ Judgmer				
to a community debt	<b>—</b>		✓ Other (in				
Date debt was incurred 10/2018 Last 4 digits of account number <u>0 7 6 1</u>	_		Automo	DIIE			
	Date debt was inc	urred <u>10/2018</u>	Last 4 digits	of account number	0 7 6 1		
Add the dollar value of your entries in Column A on this page. Write that number here: \$9,959.00	Add the dollar val	ue of your entries	in Column A on thi	s page. Write		٦	

Official Form 106D

all pages. Write that number here:

If this is the last page of your form, add the dollar value totals from

\$9,959.00

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Fill in this info	ormation to i	060111111111111111111111111111111111111	NA.							
1				-						
Debtor 1	Amanda First Name	Patrice Middle Name	Last Name							
Debtor 2										
(Spouse, if filing)	First Name	Middle Name	Last Name							
United States Bar	nkruptcy Court fo	or the: WESTERN D	DISTRICT OF VIRGINIA							
Case number	. ,									
(if known)								Check if this amended fili		n
Official Form	106E/F			_						
Schedule E/	F: Creditor	rs Who Have	Unsecured Claims							12/1
Part 1: List  Do any credit  No. Go to Yes.	t All of Your									uon i ago
claim. For eac	ch claim listed, id ority and nonprior	dentify what type of clirity amounts. As muc	editor has more than one priority laim it is. If a claim has both prioch as possible, list the claims in a	rity an Iphab	d non etical	priority order a	amo acco	ounts, list that ording to the cre	claim editor	here and r's name. If
claim. For eac show both prio more space is claim, list the c	ch claim listed, id prity and nonprior needed for prior other creditors in	dentify what type of clifty amounts. As muchity unsecured claims Part 3.	laim it is. If a claim has both prio	rity an Iphab Part 1	d non etical 1. If m	priority order a nore th	amo acco	ounts, list that ording to the cre	claim editor	here and r's name. If
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claim. For eac show both prio more space is claim, list the c (For an explan	ch claim listed, id ority and nonprior needed for prior other creditors in nation of each typ	dentify what type of cl rity amounts. As mud ity unsecured claims Part 3. De of claim, see the ir	laim it is. If a claim has both prioch as possible, list the claims in a, fill out the Continuation Page of	rity an Iphab Part f	d non etical 1. If m on boo Total	priority order a nore th oklet. claim \$0.	acco an o	ounts, list that ording to the creditor hole priority amount	claim editor ds a	here and described and here and here and described and here and here and here and described and here and here and here and here and here and described and here
claim. For each show both prior more space is claim, list the conference (For an explanation)  2.1  Internal Revenue Priority Creditor's Name	ch claim listed, id ority and nonprior needed for prior other creditors in nation of each typ	dentify what type of cl rity amounts. As muc rity unsecured claims Part 3. De of claim, see the ir	laim it is. If a claim has both prioch as possible, list the claims in a , fill out the Continuation Page of enstructions for this form in the ins	rity an Iphab Part * tructio	d nonpetical  I. If mon boo  Total	priority order a nore th oklet. claim \$0.	acco an o	ounts, list that ording to the creditor hole priority amount	claim editor ds a	here and r's name. If particular
claim. For eac show both prio more space is claim, list the conference (For an explan 2.1 Internal Revenue Priority Creditor's Name P O Box 7346	ch claim listed, id ority and nonprior needed for prior other creditors in nation of each typ	dentify what type of cl rity amounts. As muc rity unsecured claims Part 3. De of claim, see the ir L	laim it is. If a claim has both prioch as possible, list the claims in a fill out the Continuation Page of the claims for this form in the instructions for this form in the instructions for account number the was the debt incurred?	rity an Iphab Part fruction	d nonjetical 1. If m on boo Total	priority order a nore the oklet.  claim  \$0.	on o	punts, list that ording to the creditor hole priority amount \$0.0	claim editor ds a	here and described and here and here and described and here and here and here and described and here and here and here and here and here and described and here
claim. For eac show both prio more space is claim, list the conference (For an explan)  2.1  Internal Revenue Priority Creditor's Name P O Box 7346	ch claim listed, id ority and nonprior needed for prior other creditors in nation of each typ	dentify what type of cl rity amounts. As muc rity unsecured claims Part 3. De of claim, see the ir L	laim it is. If a claim has both prioch as possible, list the claims in a fill out the Continuation Page of the structions for this form in the instructions for this form in the instructions the count number when was the debt incurred?	rity an Iphab Part fruction	d nonjetical 1. If m on boo Total	priority order a nore the oklet.  claim  \$0.	on o	punts, list that ording to the creditor hole priority amount \$0.0	claim editor ds a	here and d's name. If particular Nonpriority amount
claim. For each show both prior more space is claim, list the conference (For an explant 2.1 Internal Revenue Priority Creditor's Name P O Box 7346 Number Street	ch claim listed, id ority and nonprior needed for prior other creditors in nation of each typ	dentify what type of cl rity amounts. As muc rity unsecured claims Part 3. De of claim, see the ir	laim it is. If a claim has both prioch as possible, list the claims in a fill out the Continuation Page of the claims for this form in the instructions for this form in the instructions for account number the was the debt incurred?	rity an Iphab Part fruction	d nonjetical 1. If m on boo Total	priority order a nore the oklet.  claim  \$0.	on o	punts, list that ording to the creditor hole priority amount \$0.0	claim editor ds a	here and d's name. If particular Nonpriority amount
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claim. For eac show both prio more space is claim, list the control (For an explant 2.1	ch claim listed, id prity and nonprior needed for prior other creditors in nation of each type e Service***  e PA State debt? Check of	dentify what type of clifty amounts. As mucity unsecured claims Part 3.  De of claim, see the in  V  19101 ZIP Code  One.  T	laim it is. If a claim has both prioch as possible, list the claims in a fill out the Continuation Page of the structions for this form in the instructions for this form in the instructions for this form in the instructions for the form in the instructions for this form in the instructions for this form in the instructions for the instructions for the instructions for the instructions for the date you file, the claim Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts	rity an Iphab Part fruction    0    201! is: C	d non etical 1. If m no boo Total 7	priority order a nore the sklet.  claim  \$0.  6  all that	or amo	punts, list that ording to the creditor hole priority amount \$0.0	claim editor ds a	here and d's name. If particular Nonpriority amount
claim. For eac show both prio more space is claim, list the control (For an explan)  2.1  Internal Revenue Priority Creditor's Name P O Box 7346  Number Street  Philadelphia City Who incurred the control of the contr	ch claim listed, id prity and nonprior needed for prior other creditors in nation of each type e Service***  e PA State debt? Check of the characteristics of th	dentify what type of clifty amounts. As mucity unsecured claims Part 3.  De of claim, see the in  V  19101 ZIP Code one.  T	laim it is. If a claim has both prioch as possible, list the claims in a fill out the Continuation Page of the structions for this form in the instructions for this form in the instructions for this form in the instructions for the form in the instructions for this form in the instructions for the form in the instructions for the instructions for the date you file, the claim Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts Claims for death or personal in the claim in th	rity an Iphab Part fruction    0    201! is: C	d non etical 1. If m no boo Total 7	priority order a nore the sklet.  claim  \$0.  6  all that	or amo	punts, list that ording to the creditor hole priority amount \$0.0	claim editor ds a	here and d's name. If particular Nonpriority amount
claim. For eac show both prio more space is claim, list the company of the compan	ch claim listed, id prity and nonprior needed for prior other creditors in nation of each type e Service***  PA State debt? Check of the control of the cont	dentify what type of clip amounts. As much a much and the claims are the inference of claims, see the inference of claim, see the inference of claim, see the inference one.	laim it is. If a claim has both prioch as possible, list the claims in a fill out the Continuation Page of the structions for this form in the instructions for the instructions for the date you file, the claim Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts Claims for death or personal i intoxicated	rity an Iphab Part fruction    0    201! is: C	d non etical 1. If m no boo Total 7	priority order a nore the sklet.  claim  \$0.  6  all that	or amo	punts, list that ording to the creditor hole priority amount \$0.0	claim editor ds a	here and d's name. If particular Nonpriority amount
claim. For eac show both prio more space is claim, list the company of the compan	ch claim listed, id prity and nonprior needed for prior other creditors in nation of each type e Service***  PA State debt? Check of the control of the cont	dentify what type of clip amounts. As much a much and the claims are the inference of claims, see the inference of claim, see the inference of claim, see the inference one.	laim it is. If a claim has both prioch as possible, list the claims in a fill out the Continuation Page of the structions for this form in the instructions for this form in the instructions for this form in the instructions for the form in the instructions for this form in the instructions for the form in the instructions for the instructions for the date you file, the claim Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts Claims for death or personal in the claim in th	rity an Iphab Part fruction    0    201! is: C	d non etical 1. If m no boo Total 7	priority order a nore the sklet.  claim  \$0.  6  all that	or amo	punts, list that ording to the creditor hole priority amount \$0.0	claim editor ds a	here and d's name. If particular Nonpriority amount
claim. For eac show both prio more space is claim, list the control (For an explan)  2.1  Internal Revenue Priority Creditor's Name P O Box 7346  Number Street  Philadelphia City  Who incurred the control of the cont	ch claim listed, id prity and nonprior needed for prior other creditors in nation of each type e Service***  PA State debt? Check of the control of the cont	dentify what type of clip amounts. As much a much and the claims are the inference of claims, see the inference of claim, see the inference of claim, see the inference one.	laim it is. If a claim has both prioch as possible, list the claims in a fill out the Continuation Page of the structions for this form in the instructions for the instructions for the date you file, the claim Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts Claims for death or personal i intoxicated	rity an Iphab Part fruction    0    201! is: C	d non etical 1. If m no boo Total 7	priority order a nore the sklet.  claim  \$0.  6  all that	or amo	punts, list that ording to the creditor hole priority amount \$0.0	claim editor ds a	here and d's name. If particular Nonpriority amount

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Amanda Patrice Baidwin	Cas	se number	(if known	ı)	
Part 1: Your PRIORITY Unsecured C	laims Continuation Page				
After listing any entries on this page, number ther previous page.	n sequentially from the	Total o	claim	Priority amount	Nonpriority amount
2.2  Prince Edward County Treasurer			547.00	\$547.00	\$0.00
Priority Creditor's Name PO Box 522 Number Street	When was the debt incurred? 2	0 7 019		- -	
Farmville         VA         23901-0000           City         State         ZIP Code	<ul> <li>As of the date you file, the claim is</li> <li>Contingent</li> <li>Unliquidated</li> <li>Disputed</li> </ul>	. Oneck a	п тат арр	ıy.	
Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this claim is for a community debt	Type of PRIORITY unsecured claim  ☐ Domestic support obligations ☐ Taxes and certain other debts yo ☐ Claims for death or personal injuintoxicated ☐ Other. Specify	ou owe the	•	ent	
Is the claim subject to offset?  No Yes  2.3			\$0.00	\$0.00	\$0.00
Va Department Of Taxation* Priority Creditor's Name Taxing Authority Consulting Services, PC Number Street	•	0 7 019			
P O Box 2156  Richmond VA 23218-0000	- As of the date you file, the claim is - ☐ Contingent - ☐ Unliquidated - ☑ Disputed	: Check a	ll that app	ly.	
City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  Yes	Type of PRIORITY unsecured clain  ☐ Domestic support obligations ☐ Taxes and certain other debts you ☐ Claims for death or personal injuintoxicated ☐ Other. Specify	ou owe the	-	ent	

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Debtor 1 Amanda Patrice Baldwin	Case number (if known)
Part 2: List All of Your NONPRIORIT	TY Unsecured Claims
3. Do any creditors have nonpriority unsecured	d claims against you?
<ul><li>No. You have nothing to report in this part</li><li>✓ Yes</li></ul>	t. Submit this form to the court with your other schedules.
If a creditor has more than one nonpriority unsetype of claim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. Ecured claim, list the creditor separately for each claim. For each claim listed, identify what cluded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
4.1	Total claim
	\$517.00
Afni, Inc Nonpriority Creditor's Name	Last 4 digits of account number 7 9 8 4
PO Box 3427	When was the debt incurred? 9/2019
Number Street	As of the date you file, the claim is: Check all that apply.
	_ ☐ Contingent ☐ Unliquidated
	Disputed
Bloomington IL 61702 City State ZIP Code	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:
Debtor 1 only	Student loans  Obligations printing out of a congration agreement or divorce
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts
At least one of the debtors and another	Other. Specify
☐ Check if this claim is for a community debt	Open Account
Is the claim subject to offset?	
No You	
Yes	
4.2	\$1,800.00
Angela Ward Nonpriority Creditor's Name	Last 4 digits of account number
630 South Main Street	When was the debt incurred? 2020
Number Street	As of the date you file, the claim is: Check all that apply.
	_ Contingent
	☐ Unliquidated ☐ Disputed
Farmville VA 23901	
City State ZIP Code	Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.  Debtor 1 only	☐ Student loans
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts
At least one of the debtors and another	Other. Specify
☐ Check if this claim is for a community debt	Open Account
Is the claim subject to offset?	•
<b>☑</b> No	
Yes	

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Debtor 1 Amanda Patrice Baldwin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$713.00
Brentwood South Association LC	_ Last 4 digits of account number _8 _5 _0 _0_	
Nonpriority Creditor's Name 149S. Barrington Ave	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Los Angeles CA 90049	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Judgment Lien	
Is the claim subject to offset?		
☑ No □ Yes		
4.4		\$3,529.00
Cavalry SPV	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 520	When was the debt incurred? 2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Valhalla NY 10595		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
Check if this claim is for a community debt	Open Account	
Is the claim subject to offset?		
☑ No □ Yes		
Yes		
4.5		\$43.00
Centra Health *	Last 4 digits of account number 5 2 0 6	
Nonpriority Creditor's Name 2301 Langhorne Road	When was the debt incurred? 4/2020	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Lynchburg VA 24501		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Medical	
Is the claim subject to offset?		
No Vas		
Yes		

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Debtor 1 Amanda Patrice Baldwin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$243.00
Century Link	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred? 2019	
555 Lake Border Dr #102-1037  Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
Apopka FL 32703	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	Open Account	
Is the claim subject to offset?  ✓ No		
☑ No ☐ Yes		
4.7		\$17.00
СМС	Last 4 digits of account number 6 9 6 5	
Nonpriority Creditor's Name PO Box 16346	When was the debt incurred? 8/2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Pittsburgh PA 15242	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only  Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	Collecting for -	
No		
Yes		
4.8		\$252.00
Convergent	Last 4 digits of account number 8 2 2 8	
Nonpriority Creditor's Name PO Box 1022	When was the debt incurred? 6/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Wixom MI 48393	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	Consoling for	
✓ No		
Yes		

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Debtor 1 Amanda Patrice Baldwin	Case number (if known)	
Part 2: Your NONPRIORITY Unsec	ured Claims Continuation Page	
After listing any entries on this page, number th previous page.	nem sequentially from the	Total claim
4.9		\$517.00
Diversified Collection	Last 4 digits of account number 7 9 6 4	
Nonpriority Creditor's Name	When was the debt incurred? 3/2018	
PO Box 9056 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Pleasanton CA 94566-9057	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Other. Specify Open Account	
Is the claim subject to offset?	open Account	
☑ No		
Yes		
4.10		#040 00F 00
	Last 4 digits of account number 0 0 1 9	\$219,295.00
FedLoan Servicing Nonpriority Creditor's Name	<u> </u>	
Attn: Bankruptcy		
Number Street PO Box 69184	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
	Disputed	
Harrisburg PA 17106 City State ZIP Code	Town of NONDRIORITY are assured alsima	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
✓ Debtor 1 only		
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No □ Yes		
4.11		\$15,406.00
FedLoan Servicing	Last 4 digits of account number 0 0 2 0	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? 09/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 69184	Contingent	
	── ☐ Unliquidated ── ☐ Disputed	
Harrisburg PA 17106	_ <b>_</b> _	
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☑ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 Amanda Patrice Baldwin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.12		\$253.00
Fingerhut	Last 4 digits of account number 0 2 2 3	
Nonpriority Creditor's Name	When was the debt incurred? 06/2018	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 1250	_ Contingent	
	Unliquidated	
Saint Cloud MN 56395	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?	•	
✓ No ☐ Yes		
4.13		\$2,938.00
Eingerhut	Last 4 digits of account number 0 2 2 3	Ψ2,330.00
Nonpriority Creditor's Name	When was the debt incurred? 3/2020	
6250 Ridgewood Road Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Saint Cloud MN 56303-0000	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Open Account	
Is the claim subject to offset?		
<b>☑</b> No		
Yes		
4.14		\$77.00
Grace Care LLC	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 1570	When was the debt incurred? 2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Prince Frederick MD 20678	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Open Account	
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 Amanda Patrice Baldwin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.15		\$185.00
Henrico Area Mental Health	Last 4 digits of account number 0 7 7 2	
Nonpriority Creditor's Name 10299 Woodman Rd	When was the debt incurred? 10/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Glen Allen VA 23060		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify Open Account	
Is the claim subject to offset?	Open Account	
<b>☑</b> No		
Yes		
4.16		\$0.00
K. Jordan	Last 4 digits of account number	Ψ0.00
Nonpriority Creditor's Name	When was the debt incurred? 2020	
PO Box 2809 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Monroe WI 53566	Disputed	
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans  Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Open Account	
✓ No		
Yes		
4.17		¢62.00
K. Jordan	Last 4 digits of account number 2 8 6 3	\$62.00
Nonpriority Creditor's Name	When was the debt incurred? 4/2020	
PO Box 2809 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Monroe WI 53566	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Open Account	
Is the claim subject to offset?  ✓ No		
Yes		

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Debtor 1 Amanda Patrice Baldwin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.18		\$57.00
KLS Financial Services INC	Last 4 digits of account number 0 2 3 8	
Nonpriority Creditor's Name PO Box 565	When was the debt incurred? 3/2020	
Number Street	As of the date you file, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed	
Morrisville NC 27560		
City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Open Account	
Yes 4.19		\$80.00
Mason Easy Pay	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 2808	When was the debt incurred? 2/2020	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Monroe         WI         53566           City         State         ZIP Code		
Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Open Account	
Yes		
4.20		\$398.00
Masseys Nonpriority Creditor's Name	Last 4 digits of account number 2 8 6 3	
128 W. River Street	When was the debt incurred? 4/2020	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
Chippewa Falls WI 54729-0000	Disputed	
Chippewa Falls         WI         54729-0000           City         State         ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
Check if this claim is for a community debt	Open Account	
Is the claim subject to offset?  ☑ No ☐ Yes		

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Debtor 1 Amanda Patrice Baldwin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.21		\$773.00
Midland Credit Management	Last 4 digits of account number 7 6 1 7	
Nonpriority Creditor's Name	When was the debt incurred? 4/2017	
PO Box 939019 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
San Diego CA 92193-9019	Disputed	
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Open Account	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.22		\$57.00
Ortho Pros Express	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 602468	When was the debt incurred? 10/2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	— ☐ Disputed	
Charlotte         NC         28260-2468           City         State         ZIP Code	- The ANONE PROPERTY AND A STATE OF THE STAT	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
<b>☑</b> No		
Yes		
4.23		\$15.00
Ortho Virginia	Last 4 digits of account number 7 5 2 0	<b>\$13.00</b>
Nonpriority Creditor's Name	When was the debt incurred? 10/2019	
2405 Atherholt Road Number Street	As of the date you file, the claim is: Check all that apply.	
Trumber Street	_ ☐ Contingent	
	Unliquidated	
Lynchburg VA 24501	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Medical	
Is the claim subject to offset?		
☑ No □ Yes		
Yes		

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Debtor 1 Amanda Patrice Baldwin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.24		\$438.00
Southwest Credit	Last 4 digits of account number 4 4 5 6	
Nonpriority Creditor's Name	When was the debt incurred? 2/2018	
5910 West Plano PKWY Suite 100 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Plano TX 75093	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify  Collecting for -	
Is the claim subject to offset?	Collecting for -	
No		
Yes		
4.25		\$84.00
Stoneberry	Last 4 digits of account number	
Nonpriority Creditor's Name 1251 1st Ave.	When was the debt incurred? 4/2020	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Chippewa Falls WI 54729	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Open Account	
Is the claim subject to offset?	<b></b>	
<b>☑</b> No		
Yes		
4.26		\$45.00
Town of Farmville Nonpriority Creditor's Name	Last 4 digits of account number	
Drawer 368	When was the debt incurred? 2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Farmville VA 23901		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	☐ Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Open Account	
Is the claim subject to offset?	•	
✓ No		
Yes		

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Debtor 1 Amanda Patrice Baldwin	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.27		\$4,988.00
Virginia Credit Union	Last 4 digits of account number 9 9 4 9	
Nonpriority Creditor's Name P. O. Box 11469	When was the debt incurred? 4/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	— ☐ Disputed	
Lynchburg         VA         24506-1469           City         State         ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:  Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Open Account	
Is the claim subject to offset?		
No No		
Yes		
4.28		\$1,962.00
Weinstein Management Company Inc	Last 4 digits of account number	
Nonpriority Creditor's Name 603 Westover Hills Blvd	When was the debt incurred? 2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	□ Disputed	
Richmond         VA         23225           City         State         ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify Open Account	
Is the claim subject to offset?	Open Account	
✓ No		
Yes		

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Debtor 1 An	nanda Patrice Ba	ıldwin			Case	e number (if known)
Part 3:	ist Others to B	e Notified Ab	out a Debt Th	at You Alread	y Li	sted
For examp creditor in debts that	le, if a collection a Parts 1 or 2, then	gency is trying t list the collection 1 or 2, list the a	to collect from yo n agency here. S dditional creditor	ou for a debt you Similarly, if you h	owe ave r	ebt that you already listed in Parts 1 or 2. to someone else, list the original more than one creditor for any of the have additional parties to be notified for
Angela Ward			On which e	ntry in Part 1 or I	Part :	2 did you list the original creditor?
Name 630 South Ma Number Stree			Line	_of (Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Farmville City	VA State	<b>23901</b> ZIP Code	—— Last 4 digit	s of account num	nber	
Ashton Squar	e		On which e	ntry in Part 1 or l	Part :	2 did you list the original creditor?
Name 603 Westover Number Stree			Line 4.28	_of (Check one):	_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Richmond City	VA State	<b>23225</b> ZIP Code	—— Last 4 digit	s of account num	nber	
Centra Medica	al Group		On which e	ntry in Part 1 or I	Part :	2 did you list the original creditor?
Name 2010 Atherhol Number Stree			Line <u>4.7</u>	_of (Check one):	_	Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
<b>Lynchburg</b> City	VA State	<b>24501</b> ZIP Code	—— Last 4 digit	s of account num	nber	
Comcast Cab	le		On which e	ntry in Part 1 or I	Part :	2 did you list the original creditor?
PO Box 3006 Number Stree	t		Line <u>4.24</u>	_of (Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Southeastern City	PA State	<b>19398</b> ZIP Code	Last 4 digit	s of account num	nber	
Dish Network			On which e	ntry in Part 1 or I	Part :	2 did you list the original creditor?
9601 S. Merid Number Stree			Line 4.8	_of (Check one):	_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Englewood City	CO State	<b>80112</b> ZIP Code	Last 4 digit	s of account num	nber	
Dish Network			On which e	ntry in Part 1 or l	Part :	2 did you list the original creditor?
Name 9601 S. Merid Number Stree			Line 4.1	_of (Check one):		Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Englewood City	CO State	<b>80112</b> ZIP Code	—— Last 4 digit	s of account num	ber	

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Debtor 1	Amanda Patri	се Ва	ldwin	Case number (if known)				
Part 3:	List Others	to B	e Notified Abou	ified About a Debt That You Already Listed Continuation Page				
Name PO Box 10	est Control 0249 Street			On which entry in Part 1 or Part 2 did you list the original creditor?  Lineof (Check one):				
Lynchburg		VA State	<b>24506-0000</b> ZIP Code	Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  —				
Midland For Name PO Box 93	unding LLC 39019 Street	State	Zir Code	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims				
San Diego		<b>CA</b> State	<b>92193-9019</b> ZIP Code	Part 2: Creditors with Nonpriority Unsecured Claims  — Last 4 digits of account number —				
	Furniture rood Farm Rd Street			On which entry in Part 1 or Part 2 did you list the original creditor?  Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims				
Farmville City		VA State	<b>23901</b> ZIP Code	— Last 4 digits of account number				

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Debtor 1	Amanda Patrice Baldwin	Case number (if known)
Part 4:	Add the Amounts for Each Type of Unsecured Claim	

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			•	Total claim
Total claims from Part 1	6a. Domestic support o	bligations	6a.	\$0.00
	6b. Taxes and certain o	ther debts you owe the government	6b.	\$547.00
	6c. Claims for death or	personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other	priority unsecured claims. Write that amount here.	<sup>6d.</sup> + .	\$0.00
	6e. <b>Total.</b> Add lines 6a	through 6d.	6d.	\$547.00
				Total claim
Total claims from Part 2	6f. Student loans		6f.	\$234,701.00
	• •	out of a separation agreement or divorce ort as priority claims	6g	\$0.00
	6h. Debts to pension or debts	profit-sharing plans, and other similar	6h.	\$0.00
	6i. Other. Add all other	nonpriority unsecured claims. Write that amount here.	6i. <b>+</b> .	\$20,043.00
	6j. <b>Total.</b> Add lines 6f	through 6i.	6j.	\$254,744.00

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Fill in this information to identify your case:							
Debtor 1	Amanda	Patrice	Baldwin				
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
		or that WESTERN DIS	STRICT OF VIRGINIA				
	nkrupicy Court it	or the: WESTERN DIS	STRICT OF VIRGINIA				
Case number (if known)							
Official Form	106G						

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Tes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in this i	nformation to i	dentify your case	:					
Debtor 1	Amanda First Name	Patrice Middle Name	Baldwin Last Name					
Debtor 2 (Spouse, if filir	ng) First Name	Middle Name	Last Name	_				
United States	Bankruptcy Court fo	r the: WESTERN DIS	STRICT OF VIRGINIA					
Case number (if known)				☐ Check if this is an amended filing				
Official For	m 106H							
Schedule	H: Your Cod	ebtors			12/			
Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.  1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)								
✓ No ☐ Yes	ve any codebiors:	(ii you are ming a jo	int case, do not list citier s	oduse as a codesion.				
. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)								
Yes.	lo ′es		quivalent live with you at th					
<ol><li>In Column</li></ol>	1. list all of your c	odebtors. Do not incl	ude vour spouse as a cod	lebtor if your spouse is filing with you. List the				

In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Official Form 106H Schedule H: Your Codebtors page 1

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l	ill in this inform	ation to identif	y your case:						
	Debtor 1	Amanda	Patrice	Baldwin			7		
		First Name	Middle Name	Last Name			Che	ck if this is:	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				An amended filing	
	United States Bankr	uptcy Court for the:	WESTERN D	ISTRICT OF VIR	GINIA	<b>A</b>		A supplement showing postpetition	n
	Case number	apto, court or the						chapter 13 income as of the follow	wing date:
	(if known)				_			MM / DD / YYYY	
_	fficial Form 10								
S	chedule I: You	ur Income							12/15
res inc abo yo	sponsible for supply clude information ab out your spouse. If ur name and case n	ring correct inform rout your spouse. more space is nee	ation. If you are If you are separ ded, attach a se Answer every q	e married and not ated and your spo parate sheet to th	filing j ouse is	jointly, and not filing	d your : with y	Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write	
1.	Fill in your emplo								
	If you have more the	nan one		Debtor 1				Debtor 2 or non-filing spouse	
	job, attach a separ		yment status	<ul><li>☐ Employed</li><li>✓ Not employed</li></ul>	ad.			☐ Employed ☐ Not employed	
	additional employe		ation	• Not employe	Ju			Not employed	
	Include part-time, s or self-employed w	seasonal,						_	
		Linpio	yer's name					-	
	Occupation may in student or homema applies.	p.o	yer's address	Number Street				Number Street	
				0.11		0			
				City		State Zip (	Jode	City State Zi	p Code
		How Id	ong employed th	nere?					
ŀ	Part 2: Give D	etails About Mo	onthly Incom	e					
	timate monthly inco			n. If you have noth	ing to	report for a	ny line	, write \$0 in the space. Include you	ur
	0 1			er, combine the info	ormatio	on for all er	nployeı	rs for that person on the lines below	w. If
you	u need more space, a	attach a separate sh	eet to this form.						
						For Debto	r 1	For Debtor 2 or non-filing spouse	
2.		s wages, salary, and the salary, and the salary, and the salary, and the salary are salary.			2.		\$0.00		
3.	Estimate and list	monthly overtime	oay.		3. +		\$0.00		
4.	Calculate gross in	ncome. Add line 2	+ line 3.		4.		\$0.00		

Official Form 106l Schedule I: Your Income page 1

Deb	tor 1	Amanda Patrice Baldwin		Case nu	mbe	r (if knov	vn)		
				For Debtor 1		or Debte	or 2 or g spouse	,	
	Сор	y line 4 here	4.	\$0.00				_	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$0.00					
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00					
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00					
	5d.	Required repayments of retirement fund loans	5d.	\$0.00					
	5e.	Insurance	5e.	\$0.00					
	5f.	3	5f.	\$0.00					
	_	Union dues	5g.	\$0.00		-			
	on.	Other deductions. Specify:	5h. <b>+</b>	\$0.00					
6.	<b>Add</b> 5g +	the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5h$ .	6.	\$0.00					
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00					
8.	List	all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00					
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
	8b.	Interest and dividends	8b.	\$0.00					
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00					
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
	8d.	Unemployment compensation	8d.	\$0.00					
	8e.	Social Security	8e.	\$1,200.00					
	8f.	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
		Specify:	8f.	\$0.00					
	•	Pension or retirement income	8g.	\$0.00					
	8h.	Other monthly income. Specify:	8h. <b></b>	\$0.00					
			· ····•	<del></del> _	_			1	
9.	Add	<b>all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$1,200.00	Ĺ				
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$1,200.00	+			=	\$1,200.00
11.	Inclu	e all other regular contributions to the expenses that you list in Soude contributions from an unmarried partner, members of your households or relatives.			ır ro	ommates	s, and otl	her	
	Do r	not include any amounts already included in lines 2-10 or amounts that	t are n	ot available to pay	expe	enses lis	ted in Sc	hedı	ıle J.
	Spe	cify:					_ 11.	+_	\$0.00
12.	inco	the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities applies.					12.		\$1,200.00 Combined nonthly income
13.	Do y	you expect an increase or decrease within the year after you file the	his for	m?					
		No. Yes. Explain:							

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j	ill in this inform	ation to identi	fy your case:			Cha	ck if this	ie:	
	Debtor 1	Amanda First Name	Patrice Middle Name	Baldw Last Nan			An ame A suppl	ended filing ement showing 13 expenses as	
ı	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Nan	me		followin		
	United States Bankr	uptcy Court for the	: WESTERN DIS	TRICT OF V	/IRGINIA		MM / DI	D / YYYY	_
	Case number (if known)								
O	fficial Form 10	6J							
Sc	chedule J: Yo	ur Expense	s						12/15
coi nai	rrect information. If me and case numbe	more space is ne	le. If two married po eeded, attach anotho wer every question ehold	er sheet to th		-		-	
1.	Is this a joint case	e?							
2.	_ No	ebtor 2 live in a s  Debtor 2 must fi endents?	eparate household? le Official Form 106J No Yes. Fill out this inf	-2, Expenses formation	for Separate Housel  Dependent's relation  Debtor 1 or Debtor	onshi		Dependent's	Does dependent live with you?
	Debtor 2.	i aliu	for each dependent		,			<u>age</u> 7	□ No
	Do not state the de names.	ependents'			Daughter				Yes No Yes No Yes No Yes No Yes No No No No Yes No Yes
3.	Do your expenses expenses of peop yourself and your	le other than	☑ No ☐ Yes						
P	Part 2: Estima	ite Your Ongoi	ing Monthly Exp	enses					
to i	report expenses as form and fill in the	of a date after the applicable date.	kruptcy filing date u bankruptcy is filed h government assis	. If this is a	supplemental Sched				
suc	ch assistance and h	ave included it or	n Schedule I: Your II	ncome (Offic	ial Form 106l.)			Your expens	es
4.			enses for your residence any rent for the ground				4	l	
	If not included in	line 4:							
	4a. Real estate ta	ixes					4	ła	
	4b. Property, hom	neowner's, or rente	r's insurance				4	łb	
	4c. Home mainte	nance, repair, and	upkeep expenses				4	łc	
	4d Hamaaumarla	accordation or cor	alamainiuma dusaa					Id	

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Del	otor 1 Amanda Patrice Baldwin Case number	(if known)	
		Your expenses	
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		_
	6a. Electricity, heat, natural gas	6a.	
	6b. Water, sewer, garbage collection	6b.	_
	6c. Telephone, cell phone, Internet, satellite, and	6c. <b>\$50.0</b> 0	)
	cable services  6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies	7. <b>\$200.0</b> 0	_ )
8.	Childcare and children's education costs	8.	_
9.	Clothing, laundry, and dry cleaning (See continuation sheet(s) for details)	9. \$50.00	_
10.		10. <b>\$55.0</b> 0	_
11.	Medical and dental expenses (See continuation sheet(s) for details)	11. \$50.00	
	Transportation. Include gas, maintenance, bus or train	12. \$250.00	_
12	fare. Do not include car payments.	13. \$65.00	_
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <b>\$65.00</b>	<u>,</u>
14.	Charitable contributions and religious donations	14.	_
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	
	15b. Health insurance	15b.	_
	15c. Vehicle insurance	15c. <b>\$177.0</b> 0	_
	15d. Other insurance. Specify:	15d.	-
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		_
	Specify: Personal Property Taxes	16. <b>\$41.0</b> 0	<u>)                                    </u>
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a. <b>\$208.0</b> 0	<u>)                                    </u>
	17b. Car payments for Vehicle 2	17b.	
	17c. Other. Specify: Student Loan IBRP	17c. <b>\$0.0</b> 0	<u>)                                    </u>
	17d. Other. Specify:	17d	_
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_
19.	Other payments you make to support others who do not live with you.  Specify:	19.	_
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	_
	20b. Real estate taxes	20b	_
	20c. Property, homeowner's, or renter's insurance	20c	_
	20d. Maintenance, repair, and upkeep expenses	20d	_
	20e. Homeowner's association or condominium dues	20e	_

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Deb	tor 1	Amanda	n Patrice Baldwin	Case number (if kno	٥٧	<b>v</b> n)	
21.	Other.	Specify:	Pet Care/Food	21.		+_	 \$50.00
22.	Calcul	ate your n	nonthly expenses.			_	
	22a.	Add lines 4	through 21.	22a.		_	 \$1,196.00
	22b.	Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 1	06J-2. 22b.		_	 
	22c.	Add line 22	a and 22b. The result is your monthly expenses.	22c.		L	\$1,196.00
23.	Calcul	ate your n	nonthly net income.				
	23a.	Copy line 1	2 (your combined monthly income) from Schedule I.	23a.		_	 \$1,200.00
	23b.	Copy your	monthly expenses from line 22c above.	23b.			 \$1,196.00
		,	our monthly expenses from your monthly income. is your monthly net income.	23c.			\$4.00
24.	Do you	u expect a	n increase or decrease in your expenses within the year aft	er you file this form?			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?							
	□ N			_	_		
	<b>✓</b> Y	es. Explain Note:	n here:  Debtor lives with her father.				
		- 1					

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Debtor	Amanda Patrice Baldwin	Case number (if know	<i>y</i> n)
_	lothing, laundry, and dry cleaning (details):		\$25.00
	lothing		·
L	aundry/Dry Cleaning		\$25.00
		Total:	\$50.00
I1. M	ledical and dental (details):		
M	ledical/Dental		\$25.00
Р	rescriptions		\$25.00
		Total:	\$50.00

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Fill in this info	ormation to i	dentify your case	:		
Debtor 1	Amanda First Name	Patrice Middle Name	Baldwin Last Name		
Debtor 2 (Spouse, if filing)		Middle Name	Last Name		
United States Bar	nkruptcy Court fo	or the: WESTERN DIS	STRICT OF VIRGINIA		
Case number (if known)				_	Check if this is amended filing

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Р	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$15,348.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$15,348.00
Р	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$9,959.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$547.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>\$254,744.00</b>
	Your total liabilities	\$265,250.00
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$1,200.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$1,196.00

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Del	btor 1	Amanda Patrice Baldwin	Case number (if known)	
P	art 4	Answer These Questions for Administrative and Statistic	ical Records	
6.	Are	you filing for bankruptcy under Chapters 7, 11, or 13?		
		No. You have nothing to report on this part of the form. Check this box and s Yes	ubmit this form to the court with your other schedule	S.
7.	Wha	at kind of debt do you have?		
		Your debts are primarily consumer debts. Consumer debts are those "incufamily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for static Your debts are not primarily consumer debts. You have nothing to report of this form to the court with your other schedules.	stical purposes. 28 U.S.C. § 159.	
3.		m the Statement of Your Current Monthly Income: Copy your total current m cial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	nonthly income from	\$0.00
).	Cop	by the following special categories of claims from Part 4, line 6 of <i>Schedul</i> e	e <i>E/F:</i>	
			Total claim	
	Fro	m Part 4 on <i>Schedule E/F,</i> copy the following:		
	9a.	Domestic support obligations. (Copy line 6a.)	\$0.00	
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$547.00	
	9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	
	9d.	Student loans. (Copy line 6f.)	\$234,701.00	
	9e.	Obligations arising out of a separation agreement or divorce that you did not repriority claims. (Copy line 6g.)	eport as <b>\$0.00</b>	
	9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6	h.) <b>+\$0.00</b>	
	9a.	<b>Total.</b> Add lines 9a through 9f.	\$235,248.00	

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				_
Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Amanda	Patrice	Baldwin	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	r the: WESTERN DIS	STRICT OF VIRGINIA	
Case number				Check if this is an
(if known)				amended filing
Official Form	106Dec			_
Declaration	About an I	ndividual Debt	or's Schedules	12/15
\$250,000, or impri			18 U.S.C. §§ 152, 1341, 1519	bankruptcy case can result in fines up to , and 3571.
Did you pay	or agree to pay s	someone who is NOT	an attorney to help you fill o	ut bankruptcy forms?
✓ No				
Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalt true and corr		clare that I have read	the summary and schedules	s filed with this declaration and that they are
X /s/ Aman	da Patrice Bal	dwin	Х	

Signature of Debtor 2

MM / DD / YYYY

Date

Amanda Patrice Baldwin, Debtor 1

MM / DD / YYYY

Date <u>05/27/2020</u>

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Debtor 1	Amanda	Patrice	Baldwin			
Debter 1	First Name	Middle Nam				
Debtor 2						
(Spouse, if filing)	First Name	Middle Nam	ne Last Name			
United States Ba	nkruptcy Court for	the: WESTER	RN DISTRICT OF VIRO	SINIA		
Case number						
(if known)				_	☐ Check if amended	this is an d filing
Official Form	107					ŭ
Statement o	f Financial	Attairs to	r Individuals Fili	ng for Bankrupto	:y	04/19
Be as complete a	nd accurate as p	ossible. If two	married people are filin	g together, both are equa	Illy responsible fo	r supplying
	•		•	this form. On the top of	any additional pag	ges, write
our name and ca	ise number (if kn	own). Answer	every question.			
Part 1: Giv	e Details Abo	out Your Mai	rital Status and Who	ere You Lived Before		
\A/I4:		4-40				
	current marital s	tatus?				
Married		tatus?				
☐ Married ☑ Not marrie	ed					
☐ Married ☐ Not married ☐ Not married ☐ Not married	ed		here other than where y	ou live now?		
☐ Married ☑ Not marrie  2. During the la ☐ No	ed st 3 years, have y	you lived anyw				
☐ Married ☐ Not marrie  2. During the la ☐ No ☐ Yes. List	ed st 3 years, have y	you lived anyw	where other than where y			
☐ Married ☑ Not marrie  2. During the la ☐ No	ed st 3 years, have y	you lived anyw	last 3 years. Do not inclu  Dates Debtor 1			Dates Debtor 2
☐ Married ☐ Not marrie  2. During the la ☐ No ☐ Yes. List	ed st 3 years, have y	you lived anyw	last 3 years. Do not inclu	de where you live now.  Debtor 2:		lived there
☐ Married ☐ Not marrie  2. During the la ☐ No ☐ Yes. List	ed st 3 years, have y	you lived anyw	last 3 years. Do not inclu  Dates Debtor 1	de where you live now.		
☐ Married ☐ Not marrie  2. During the la ☐ No ☐ Yes. List Debtor 1:	ed st 3 years, have y	you lived anyw	last 3 years. Do not inclu  Dates Debtor 1	de where you live now.  Debtor 2:		lived there
☐ Married ☐ Not marrie  2. During the la ☐ No ☐ Yes. List Debtor 1:	ed st 3 years, have y all of the places y	you lived anyw	last 3 years. Do not inclu  Dates Debtor 1 lived there  From June 2016	Debtor 2:  Same as Debtor 1  Number Street		lived there Same as Debtor 1 From
☐ Married ☐ Not marrie  2. During the la ☐ No ☐ Yes. List Debtor 1:	ed st 3 years, have y all of the places y h Main Street	you lived anyw	last 3 years. Do not inclu  Dates Debtor 1  lived there	Debtor 2:  Same as Debtor 1  Number Street		lived there  Same as Debtor 1
☐ Married ☐ Not marrie  2. During the la ☐ No ☐ Yes. List Debtor 1:  624 Sout	ed st 3 years, have y all of the places y h Main Street Street	you lived anyw	last 3 years. Do not inclu  Dates Debtor 1 lived there  From June 2016	Debtor 2:  Same as Debtor 1  Number Street		lived there Same as Debtor 1 From
☐ Married ☐ Not marrie  2. During the la ☐ No ☐ Yes. List Debtor 1:  624 Sout Number Farmville	ed st 3 years, have y all of the places y h Main Street Street	you lived anyworou lived in the	last 3 years. Do not inclu  Dates Debtor 1 lived there  From June 2016	Debtor 2:  Same as Debtor 1  Number Street	State 7ID Code	lived there Same as Debtor 1 From
☐ Married ☐ Not marrie  2. During the la ☐ No ☐ Yes. List Debtor 1:  624 Sout	ed st 3 years, have y all of the places y h Main Street Street	you lived anyworou lived in the	last 3 years. Do not inclu  Dates Debtor 1 lived there  From June 2016	Debtor 2:  Same as Debtor 1  Number Street	State ZIP Code	lived there Same as Debtor 1 From
Married Not marrie  During the la No Yes. List Debtor 1:  624 Sout Number  Farmville City	ed st 3 years, have years all of the places years.  h Main Street Street	you lived anyword in the large lived lived in the large lived lived in the large lived lived lived in the large lived liv	last 3 years. Do not inclu  Dates Debtor 1 lived there  From June 2016  To December 2019	Debtor 2:  Same as Debtor 1  Number Street		lived there  ☐ Same as Debtor 1  From  To
☐ Married ☐ Not marrie  2. During the la ☐ No ☐ Yes. List Debtor 1:  624 Sout Number  Farmville City  3. Within the las	ed  st 3 years, have years all of the places years.  h Main Street  Street  VA  Sta  st 8 years, did yo	you lived anyword in the large state of the large s	last 3 years. Do not inclu  Dates Debtor 1 lived there  From June 2016  To December 2019  h a spouse or legal equi	Debtor 2:  Same as Debtor 1  Number Street  City	operty state or ter	lived there Same as Debtor 1 From To To ritory?
Married  ✓ Not marrie  ✓ Not marrie  ✓ No marrie  ✓ No  ✓ Yes. List  ✓ Debtor 1:  624 Sout  Number  ✓ Farmville  City  3. Within the last  (Community p.	ed  st 3 years, have years all of the places years.  h Main Street  Street  VA  Sta  st 8 years, did yo	you lived anyword in the large state of the large s	last 3 years. Do not inclu  Dates Debtor 1 lived there  From June 2016  To December 2019  h a spouse or legal equi	Debtor 2:  Same as Debtor 1  Number Street	operty state or ter	lived there  Same as Debtor 1  From  To  ritory?

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Debtor 1		Amanda Patrice Baldwin		Case nu	mber (if known)	
Р	art 2:	Explain the Sources of	Your Income			
4.	Fill in th If you ar	I have any income from employ e total amount of income you recre filing a joint case and you have	eived from all jobs and all b	ousinesses, including par	t-time activities.	calendar years?
5.	unemplo	alimony; child support; S ds; money collected from eceived together, list it or	lawsuits; royalties;			
	List eac	h source and the gross income for	om each source separately	v. Do not include income	that you listed in line 4.	
	□ No ☑ Yes	. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ry 1 of the current year until filed for bankruptcy:	Disability	\$6,000.00		
		calendar year:  December 31, 2019 )	Disability	\$14,400.00		
		ndar year before that:  December 31, 2018)	Disability	\$6,000.00		

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Jec	otor i	Amanda	Patrice Baid	iwin			Case number (if kno	wn) _		_
P	art 3:	List Ce	ertain Paym	ents You Ma	ade Before \	ou Filed for Ba	ankruptcy			
ò.	Are eithe	er Debtor	1's or Debtor	2's debts prim	arily consumer	debts?				
	□ No.	No. Neither Debtor 1 nor Debtor 2 has pri "incurred by an individual primarily for a						d in 1	1 U.S.C. § 101(8) as	
		During t	the 90 days be	fore you filed fo	r bankruptcy, di	d you pay any credi	tor a total of \$6,825*	or mo	re?	
		□ No.	Go to line 7.							
		☐ Yes.	total amount	you paid that cr	editor. Do not i	nclude payments fo	more in one or more produced in one or more produced in one or more produced in one of the contract of the con	bligati	ons, such as	
		* Subject	ct to adjustmer	nt on 4/01/22 an	d every 3 years	after that for cases	filed on or after the	date of	f adjustment.	
	✓ Yes.	Debtor	1 or Debtor 2	or both have p	rimarily consu	mer debts.				
		During t	the 90 days be	fore you filed fo	r bankruptcy, di	d you pay any credi	tor a total of \$600 or	more?	?	
		□ No.	Go to line 7.							
Yes. List below each creditor to whon creditor. Do not include payment to Also, do not include payments to				not include pay	ments for dome	stic support obligati	ons, such as child su	-	-	
					Dates of payment	Total amount paid	Amount you still owe	Wa	s this payment for	
	/ Financi	al			_	\$630.00	\$9,959.00	_ 🗆	Mortgage	
_	ditor's name n: Bankrı	intev			Jan-March	2020				
	ber Stree	<u> </u>							Credit card	
20	Box 380	901						닏	Loan repayment	
RIA	omingto	n	MN	55438	_			님	Suppliers or vendors Other	
City	omingto		State	ZIP Code	<del></del>			Ц		-
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.									
	✓ No ☐ Yes.	List all pa	ayments to an	insider.						
3.		year befo	•	or bankruptcy,	did you make	any payments or tr	ansfer any property	/ on a	ccount of a debt that	
				inteed or cosigr	ned by an inside	r.				
	✓ No ☐ Yes.	List all pa	ayments that b	enefited an insi	der.					

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Debtor 1	Amanda Patrice Ba	aldwin	Case number	(if known) _			
Part 4	Identify Legal A	ctions, Repossessions, and I	Foreclosures				
List mod	all such matters, including ifications, and contract dis	d for bankruptcy, were you a party i personal injury cases, small claims a putes.	•		•	•	
-	Yes. Fill in the details.	Native of the coop	Court or or or or		Ctatus	£ 4b	
Case title	e Ward vs Amanda	Nature of the case Unlawful Detainer	Court or agency Prince Edward (	County	Status	s of the cas	se
Baldwin		Olliawitti Detaillei	Court Name	County		Pendi	ng
	•		<b>General District</b>	Court		☐ On ap	peal
_			Number Street		_		-
Case nur	nber	<u></u>	111 South Stree	et .		☑ Conclu	uded
			Farmville	VA	23901-0000		
			City	State	ZIP Code		
11. With amo	nunts from your accounts  No  Yes. Fill in the details.  In 1 year before you filed  Itors, a court-appointed  No  Yes	ed for bankruptcy, did any creditor, or refuse to make a payment becan d for bankruptcy, was any of your p receiver, a custodian, or another of	use you owed a debt? roperty in the possession of		•	: of	
Part 5	List Certain Gift	s and Contributions					
13. With	in 2 years before you file	ed for bankruptcy, did you give any	gifts with a total value of mo	ore than \$60	00 per person?		
	No Yes. Fill in the details for o	each gift.					
	iin 2 years before you file ny charity?	ed for bankruptcy, did you give any	gifts or contributions with a	total value	of more than \$6	00	
<b>☑</b>	No Yes. Fill in the details for o	each gift or contribution.					

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Deb	tor 1	Amanda Pa	atrice	Baidwin	C	Case number (if kn	own)	
Pa	art 6:	List Cert	ain L	osses				
15.		1 year before isaster, or ga	-		otcy or since you filed for bankruptcy, o	did you lose anyt	hing because of the	eft, fire,
	✓ No ☐ Yes. Fill in the details.							
Pa	art 7:	List Cert	ain P	ayments or	Transfers			
16.	6. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?							
	Include	any attorneys	s, bankr	ruptcy petition p	reparers, or credit counseling agencies fo	or services require	d for your bankruptcy	/.
	□ No ✓ Yes	. Fill in the d	etails.					
	Law G	roup PLLC			Description and value of any property See Exhibit A to form 2016.	/ transferred	Date payment or transfer was made	Amount of payment
900	Lakesi	de Drive					1/6/2020	\$200.00
Num	ber Stre	eet					/3/2020; 4/3/202	\$1,300.00
Lyn	chburg		VA	24501				
City			State	ZIP Code	-			
Emai	il or websit	e address						
Dore	on Who M	ade the Payme	nt if Not	Vou				
		•			otcy, did you or anyone else acting on y	your behalf pay o	r transfer any prop	erty to
	-	-			rith your creditors or to make payments	to your creditor	s?	
	Do not i	nclude any pa	ayment	or transfer that	you listed on line 16.			
	✓ No ☐ Yes	. Fill in the d	etails.					
18.					uptcy, did you sell, trade, or otherwise t se of your business or financial affairs?		erty to anyone, oth	er than
	Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.							
	✓ No ☐ Yes	. Fill in the d	etails.					
19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-se you are a beneficiary? (These are often called asset-protection devices.)						a self-settled tru	st or similar device	of which
	✓ No  ☐ Yes. Fill in the details.							

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Amanda Patrice Ba	idwin	Case number (if known)				
Part 8: List Certain Fina	ncial Accounts, Instruments, S	Safe Deposit Boxes, a	nd Storage Units	ı		
benefit, closed, sold, moved, Include checking, savings, mon	for bankruptcy, were any financial acor transferred? ey market, or other financial accounts; of atives, associations, and other financial	certificates of deposit; share		•		
BB&T	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
Name of Financial Institution  PO Box 2027  Number Street	xxxx	_ ☑ Checking ☑ Savings ☐ Money market ☐ Brokerage	2/2020	\$0.00		
Greenville SC 2	9602-2027	Other				
	9602-2027 IP Code					
21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  ☑ No ☐ Yes. Fill in the details.  22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ☑ No ☐ Yes. Fill in the details.						
Part 9: Identify Property	You Hold or Control for Some	one Fise				
	operty that someone else owns? Incl		owed from, are stori	ng for,		

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Deb	otor 1	Amanda Patrice Baldwin	Case number (if known)
P	art 10:	Give Details About Environmental Information	
or	the purp	cose of Part 10, the following definitions apply:	
ı	hazardoı	mental law means any federal, state, or local statute or regulation con us or toxic substance, wastes, or material into the air, land, soil, surfa g statutes or regulations controlling the cleanup of these substances,	ce water, groundwater, or other medium,
		ans any location, facility, or property as defined under any environmer or used to own, operate, or utilize it, including disposal sites.	ntal law, whether you now own, operate, or
		us material means anything an environmental law defines as a hazardee, hazardous material, pollutant, contaminant, or similar item.	lous waste, hazardous substance, toxic
Rep	ort all n	otices, releases, and proceedings that you know about, regardless of	when they occurred.
24.	Has an law?	y governmental unit notified you that you may be liable or potentially	liable under or in violation of an environmental
25.	_	s. Fill in the details. ou notified any governmental unit of any release of hazardous materia	ıl?
	✓ No ☐ Yes	s. Fill in the details.	
26.	Have you	ou been a party in any judicial or administrative proceeding under any	environmental law? Include settlements and
	✓ No ☐ Yes	s. Fill in the details.	
Pa	art 11:	Give Details About Your Business or Connections to A	ny Business
27.	Within busine	4 years before you filed for bankruptcy, did you own a business or ha ss?	ve any of the following connections to any
		A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An officer, director, or managing executive of a corporation	nip (LLP)
		. None of the above applies. Go to Part 12. s. Check all that apply above and fill in the details below for each business	3.
28.		2 years before you filed for bankruptcy, did you give a financial statenncial institutions, creditors, or other parties.	nent to anyone about your business? Include
	□ No	s. Fill in the details below	

# Document Page 53 of 65

Debtor 1	Amanda Patrice Baldwin	Case number (if known)
Part 12	Sign Below	
that answer	ers are true and correct. I understa	nancial Affairs and any attachments, and I declare under penalty of perjury I that making a false statement, concealing property, or obtaining money or tcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, .
	anda Patrice Baldwin	X Signature of Debtor 2
Date _	a Patrice Baldwin, Debtor 1  05/27/2020	Date
Did you at	ttach additional pages to Your State	ent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes		
Did you pa	ay or agree to pay someone who is	ot an attorney to help you fill out bankruptcy forms?
✓ No ☐ Yes. N	Name of person	Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).

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Fill in this inf	ormation to i	dentify your case	:			
Debtor 1	Amanda	Patrice	Baldw	in		
20010.	First Name	Middle Name	Last Nar			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Nar	ne		
United States Ba	nkruptcy Court fo	or the: WESTERN DIS	STRICT OF	VIRGINIA		
Case number (if known)						Check if this is an amended filing
Official Form	108					
Statement o	of Intention	for Individuals	s Filing l	Jnder Chapt	er 7	12/15
If you are an indiv	vidual filing unde	er chapter 7, you mus	t fill out this	form if:		
■ creditors have	claims secured	by your property, or				
■ you have lease	ed personal prop	perty and the lease ha	s not expire	d.		
	hever is earlier,	•			etition or by the date s nust also send copies	_
If two married peo	. •	•	both are eq	ually responsible	for supplying correct	information.
•	-	•		l, attach a separat	e sheet to this form. (	On the top of any
additional pages,	write your name	e and case number (if	known).			
Part 1: Lis	t Your Credit	ors Who Hold Sec	cured Cla	ms		
•	itors that you lis	sted in Part 1 of Sched	dule D: Cred	litors Who Hold Cl	aims Secured by Prop	perty (Official Form 106D),
Identify the c	reditor and the	property that is collate		What do you intenoroperty that secu		Did you claim the property as exempt on Schedule C?
Creditor's name:	Ally Financi	al		Surrender the Retain the pro	property. perty and redeem it.	□ No □ Yes
Description of property securing debt	2019 Toyota	a Corolla		Retain the property Reaffirmation A	perty and enter into a Agreement. Derty and [explain]:	
				Debtor will o reaffirming.	continue making pay	ments to creditor without
Part 2: Lis	t Your Unexp	oired Personal Pro	operty Lea	ıses		
For any unexpired	d personal prope	erty lease that you liet	ted in Scher	lule G: Executory	Contracts and Unevoi	red Leases (Official Form 106G)
fill in the informat	ion below. Do r	not list real estate leas	ses. Unexpi	red leases are leas		ect; the lease period has not
Describe you	ır unexpired per	sonal property leases	<b>s</b>			Will this lease be assumed?

None.

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Debtor 1	Amanda Patrice Baldwin		Case number (if known)
Part 3:	Sign Below		
	penalty of perjury, I declare that I I al property that is subject to an ur	-	at any property of my estate that secures a debt and
	anda Patrice Baldwin a Patrice Baldwin, Debtor 1	XSignature of Debtor 2	2
-	<b>05/27/2020</b> //M / DD / YYYY	Date MM / DD / YY	<del>/Y</del>

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
   Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

+	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

 $\frac{\text{http://www.uscourts.gov/bkforms/bankruptcy\_forms}}{\text{.html\#procedure.}}$ 

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF VIRGINIA LYNCHBURG DIVISION

In	re Amanda Patrice Baldwin	Case No.	
		Chapter	7
	DISCLOSURE OF COMPENSATION	N OF ATTORNEY FOR	DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I control that compensation paid to me within one year before the filing conservices rendered or to be rendered on behalf of the debtor(s) is as follows:	of the petition in bankruptcy, or	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$	1,500.00
	Prior to the filing of this statement I have received	\$´	1,500.00
	Balance Due		\$0.00
2.	The source of the compensation paid to me was:  ☐ Other (specify)		
3.	The source of compensation to be paid to me is:		
	☑ Debtor ☐ Other (specify)		
4.	☑ I have not agreed to share the above-disclosed compensa associates of my law firm.	ation with any other person unle	ss they are members and
	☐ I have agreed to share the above-disclosed compensation associates of my law firm. A copy of the agreement, togeth compensation, is attached.		
5.	In return for the above-disclosed fee, I have agreed to render le	egal service for all aspects of th	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering adbankruptcy;	lvice to the debtor in determining	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements	s of affairs and plan which may b	pe required;
	c. Representation of the debtor at the meeting of creditors and	d confirmation hearing, and any	adjourned hearings thereof;

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	(12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtor in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/27/2020 /s/ Heidi Shafer for Cox Law Group, PLLC

Date

Heidi Shafer for Cox Law Group, PLLC
Cox Law Group, PLLC
900 Lakeside Drive
Lynchburg, VA 24501-3602
Bar No. 48765
Lynchburg, VA 24501-3602

Phone: (434) 845-2600 / Fax: (434) 845-0727

/s/ Amanda Patrice Baldwin

Amanda Patrice Baldwin

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# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF VIRGINIA LYNCHBURG DIVISION

IN RE: Amanda Patrice Baldwin CASE NO

CHAPTER 7

#### **COVERSHEET FOR LIST OF CREDITORS**

I hereby certify under penalty of perjury that	it the attached List of	f Creditors, whic	h consists of 4	page(s), i	is true,
correct and complete to the best of my knowled	ıе.				

Date <u>5/27/2020</u>		da Patrice Baldwin Patrice Baldwin
Date	Signature	

# Document Page 63 of 65

Fill in this information to identify your case:				Check one box only as directed in this			
D	ebtor 1	Amanda	Patrice	Baldwin	form and	in Form 122A-1Su	ipp:
		First Name	Middle Name	Last Name	1. There is	no presumption of abu	se.
	ebtor 2 Spouse,	if filing) First Name	Middle Name	Last Name		ulation to determine if a applies will be made u	
U	nited St	ates Bankruptcy Court fo	or the: WESTERN DI	STRICT OF VIRGINIA		est Calculation (Officia	•
С	ase nur f known	mber		_		ns Test does not apply ed military service but	
						his is an amended filin	g
Of	fficial	Form 122A-1					
			of Your Current	t Monthly Income			04/20
info are mil 122	ormatio e exemp litary se	on applies. On the top of the from a presumption prvice, complete and file op) with this form.	of any additional page n of abuse because y	sheet to this form. Include thes, write your name and case ou do not have primarily contribution from Presumption of Ab	number (if knowr sumer debts or be	n). If you believe that ecause of qualifying	you
1.	What	is your marital and filir	ng status? Check one	only.			
	<b>V</b>	Not married. Fill out Col	umn A, lines 2-11.				
	_ _ '	Married and your spous	se is filing with you. F	Fill out both Columns A and B,	lines 2-11.		
	'	Married and your spous	se is NOT filing with y	ou. You and your spouse are	<b>:</b> :		
		☐ Living in the same	household and are no	ot legally separated. Fill out b	oth Columns A and	d B, lines 2-11.	
	Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B)						
	bankr Augus in the	ruptcy case. 11 U.S.C. st 31. If the amount of your result. Do not include a	§ 101(10A). For examour monthly income value income amount monthly income amount months.	red from all sources, derived apple, if you are filing on Septem ried during the 6 months, add the than once. For example, if be have nothing to report for any	ber 15, the 6-month the income for all 6 oth spouses own t	th period would be Mar months and divide the he same rental propert	ch 1 through total by 6. Fill
					Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse	
2.		gross wages, salary, ti		e, and commissions	\$0.00		
3.		ony and maintenance paumn B is filled in.	ayments. Do not inclu	ide payments from a spouse	\$0.00		
4.	exper regula your o	dependents, parents, and use only if Column B is r	pendents, including clunmarried partner, mend roommates. Include		\$0.00		

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Ordinary and necessary operating — \$0.00 — expenses So.00 here → \$0.00 profession, or farm  Net income from rental and other real property  Debtor 1 Debtor 2 So.00 deductions)  Ordinary and necessary operating — \$0.00 — expenses  Copy here → \$0.00 deductions)  Ordinary and necessary operating — \$0.00 — expenses  Net monthly income from rental or \$0.00 — expenses  Copy here → \$0.00 deductions)  Ordinary and necessary operating — \$0.00 — expenses  Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	ebtor 1 Amanda Patrice Baldwin			c	ase number (if k	nown)
Gross receipts (before all \$0.00   \$0						Debtor 2 or
Gross receipts (before all deductions)  Ordinary and necessary operating ─ \$0.00 ─ expenses  Net monthly income from a business, \$0.00 ─ here → \$0.00 ─ profession, or farm  Net income from rental and other real property  Debtor 1 Debtor 2  Gross receipts (before all \$0.00 ─ expenses  Net monthly income from rental or \$0.00 ─ expenses  Net monthly or income from rental or \$0.00 ─ expenses  Net monthly or include fath the amount freceived any retirde pay paid under chapter 61 of the tild in the expenses	Net income from operating a busine	ess, profession, c	or farm			
Ordinary and necessary operating — \$0.00 — \$0.00 profession, or farm  Net income from rental and other real property    Debtor 1		Debtor 1	Debtor 2			
Net monthly income from a business, \$0.00 here → \$0.00 profession, or farm  Net income from rental and other real property    Debtor 1	Gross receipts (before all deductions)	\$0.00		_		
Net monthly income from a business, \$0.00 here \$0.00 profession, or farm  Net income from rental and other real property  Debtor 1 Debtor 2  Gross receipts (before all \$0.00 deductions)  Ordinary and necessary operating — \$0.00 —  Expenses  Copy here \$0.00 here \$0.00 here \$0.00 here \$0.00 here \$0.00 deductions)  Ordinary and necessary operating — \$0.00 —  Expenses  Copy here \$0.00 here \$0.00 here \$0.00 here \$0.00 determined for \$0.00 here \$0.00 determined for \$0.00 d	Ordinary and necessary operating - expenses	\$0.00		– Copy		
Ordinary and necessary operating \$0.00 — syepneses  Net monthly income from rental or other real property  Interest, dividends, and royalties  Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you. \$0.00  For your spouse. \$0.00  Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.  Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 160 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	Net monthly income from a business, profession, or farm	\$0.00			\$0.00	
Ordinary and necessary operating — \$0.00 — expenses  Not monthly income from rental or \$0.00 — expenses  Source S	Net income from rental and other re	eal property				
Ordinary and necessary operating ─ \$0.00 ─ expenses  Net monthly income from rental or \$0.00 here → \$0.00  Interest, dividends, and royalties  Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		Debtor 1	Debtor 2			
Net monthly income from rental or sources or source sources. Source sources or sources o	Gross receipts (before all deductions)	\$0.00		_		
Net monthly income from rental or other real property  Interest, dividends, and royalties  Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you.  For yous spouse.  Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.  Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	Ordinary and necessary operating – expenses	\$0.00		- Conv		
Unemployment compensation  Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	Net monthly income from rental or other real property	\$0.00			\$0.00	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you.  \$0.00  For your spouse.  Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.  Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	Interest, dividends, and royalties				\$0.00	
For you	Unemployment compensation				\$0.00	
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.  Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	•			.00		
was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.  Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	For your spouse			<u>_</u>		
amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	was a benefit under the Social Securi next sentence, do not include any cor allowance paid by the United States of disability, combat-related injury or dis uniformed services. If you received a of title 10, then include that pay only to amount of retired pay to which you wo	ty Act. Also, exce mpensation, pension Government in con ability, or death of any retired pay paid to extent that it doe buld otherwise be e	pt as stated in the on, pay, annuity, onection with a a member of the d under chapter 6 es not exceed the entitled if retired	e or	\$0.00	
	amount. Do not include any benefits payments made under the Federal law declared by the President under the N (50 U.S.C. 1601 et seq.) with respect (COVID-19); payments received as a humanity, or international or domestic pay, annuity, or allowance paid by the connection with a disability, combat-remember of the uniformed services. If	received under the wrelating to the na National Emergence to the coronavirus victim of a war crire terrorism; or compe United States Gorelated injury or disafrecessary, list other wards and the coronavirus of the coronavir	e Social Security a ational emergency ies Act disease 2019 me, a crime agair pensation, pensic vernment in ability, or death of	Act; , , , , ,		
Total amounts from separate pages, if any.	separate page and put the total below	<i>.</i>	5531555 511 4			

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Deb	tor 1 Amanda Patrice Baldwin	Case number (if known)			
	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to th		Column A Debtor 1 \$0.00	Column B  Debtor 2 or non-filing spous	Total current monthly income
	Determine Whether the Means  Calculate your current monthly income for the y				
	12a. Copy your total current monthly income from	ı line 11	Copy lir	ne 11 here 🔷 12	2a. <b>\$0.00</b>
	Multiply by 12 (the number of months in a ye	ear).			X 12
	12b. The result is your annual income for this par	t of the form.		1:	2b. <b>\$0.00</b>
13.	Calculate the median family income that applies	s to you. Follow these steps:			
	Fill in the state in which you live.	Virginia			
	Fill in the number of people in your household.	1			
Fill in the median family income for your state and size of household					
	To find a list of applicable median income amounts instructions for this form. This list may also be available.		•		
14.	How do the lines compare?				
	14a. Line 12b is less than or equal to line 13 Go to Part 3. Do NOT fill out or file Offi		oox 1, There is no pr	resumption of abus	9.
	14b. Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, The	presumption of abu	se is determined b	/ Form 122A-2.
P	art 3: Sign Below				
	By signing here, I declare under penalty of perjury	y that the information on this sta	atement and in any a	attachments is true	and correct.
	X /s/ Amanda Patrice Baldwin	X			
	Amanda Patrice Baldwin, Debtor 1	Signa	ature of Debtor 2		
	Date <b>5/27/2020</b>	Date			
	MM / DD / YYYY	•	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file For	m 122A-2.			

If you checked line 14b, fill out Form 122A-2 and file it with this form.